ephone:		<u></u>	
ail Address:			
AS Number:			FOR CLERK'S USE ONL
yer's Bar Number:			
resenting 🔲 Self, without a	_awyer or 🗌 Attorney for 🔲 Pe	titioner OR 🗌 R	espondent
SU	PERIOR COURT OF IN MARICOPA CO		
Person Filing (Petitioner)	(3) Ca	se No	
	(4) AT	LAS No(if	applicable)
Parent (Respondent)	VOLI	JNTARY ACKN PATERNITY A.R	IOWLEDGMENT R.S. § 25-812
	VOLU OF F	PATERNITY A.R	R.S. § 25-812 wing:
The Clerk is requested to the transfer on the sames as they appear on the same of the same	VOLU OF F ssue an Order establishing pate irth certificates, if any.)	PATERNITY A.R	R.S. § 25-812 wing:
The Clerk is requested to the transfer on the sames as they appear on the same of the same	VOLU OF F ssue an Order establishing pate irth certificates, if any.)	PATERNITY A.R	R.S. § 25-812 wing:
The Clerk is requested to the transfer on the sames as they appear on the same of the same	VOLU OF F ssue an Order establishing pate irth certificates, if any.)	PATERNITY A.R	R.S. § 25-812 wing:
The Clerk is requested to t names as they appear on NAME(S): First	VOLU OF F ssue an Order establishing pate irth certificates, if any.)	ernity for the followant	e.S. § 25-812 wing: _ast
The Clerk is requested to the names as they appear on less than the NAME(S): First ho were born on this date	Saue an Order establishing pate of the certificates, if any.) Middle	ernity for the following (new) Let the same order as	above.)
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Case No

en months prior to bir	th. The natural f	ather is:	o timo or birtir or at any timo daring ti	•
7) Father's Full Name				
Date of Birth			<u> </u>	
Birthplace (City, State, C	Country)			
Current Address				
The parents request the correct the name of the		the Office of Vital Reco	ords to amend the birth certificate(s) t	O
8) We base this reque	st on: (Mark only	y one)		
☐ Affidavit of Ackn	owledgment, by v	which we agree and ackno	owledge the natural father named above.	
OR				
indicating that the	he father named a		d is an affidavit from a certified laborator uded as the natural father of the childre	•
	ange the minor ch	nild(ren)'s name(s) TO:	f Vital Records to amend the birt (List in same order as (5)).	h
First		Middle	Last	
a)				
b)				

The natural mother of the minor children was not married at the time of hirth or at any time during the

IMPORTANT NOTICE: READ THIS BEFORE YOU SIGN:

Arizona law requires that before voluntarily acknowledging paternity, you be given notice of the alternatives to, legal consequences of and the rights and responsibilities that result. You should know:

- No one is required to voluntarily acknowledge paternity.
- You have the right to seek legal advice before signing this document, and
- •If you are unsure who the father is, an alternative is to have genetic (DNA) testing done.

After you submit this *Voluntary Acknowledgement of Paternity*, the Clerk of Court or authorized personnel will issue an Order legally establishing the natural father. This Order is the same as a judgment of the Superior Court. After the Order is issued both parents will have all the rights and responsibilities of parents required by Arizona law. The Order does not decide issues about child support, parenting time or authority for legal decision making. However the Order includes a statement of Arizona law that the parent with whom the minor child has resided for the greater part of the last six months shall have authority for legal decision making unless otherwise ordered by the Court.

Arizona law allows either parent to rescind the acknowledgment of paternity if certain requirements are met. See § 25-812(H) of the Arizona Revised Statutes for the requirements.

(c)

Case	No
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This document can be notarized <u>OR</u> witnessed. Witness must be at least 18 years of age and not related to either parent by blood or marriage. Sign only in presence of Deputy Clerk of Court, Notary, or Witness.

(10) Signature of Mother	Date	(10) Signature of Actual Father	Date
Printed Name of Mother	Date	Printed Name of Actual Father	Date
(IF NOT NOTARIZED	O OR VERFIED BY DEF	PUTY CLERK OF COURT, WITNESSED BELOW)	
VOLUNTA	ARY ACKNOWI	EDGMENT OF PATERNITY	
(Not required if notarize	ed or verified by a C	Clerk of the Superior Court on preceding p	page.)
Signature of Witness		Signature of Witness	
Printed name of Witness		Printed name of Witness	
Address of Witness		Address of Witness	
City, State, Zip Code		City, State, Zip Code	
Acknowledged before me this:		— Acknowledged before me this:	
Deputy Clerk or Notary		Deputy Clerk or Notary	
Seal/My commission expires:		Seal/My commission expires:	